

STATE OF ARIZONA PURCHASING CARD (P-CARD) CARDHOLDER AGREEMENT

I, _____, understand and agree that:

1. I hereby ☐ authorize / ☐ do NOT authorize (please check one) my agency to provide the State P-Card Contractor (SPCC) with my social security number (SSN) and other personally identifiable information (PII). The SPCC will use my SSN for the purpose of determining whether to issue me a P-Card; the SPCC may use other PII to comply with the requirements of the Office of Foreign Assets Control (OFAC). My cooperation with these requests is voluntary; I understand, however, failure to authorize disclosure of my SSN and other PII will result in the SPCC's refusing to issue me a P-Card.
2. The P-Card (Payment and Purchase Card) is available only to employees or card custodians authorized by agency management to be assigned cards.
3. I am being delegated the authority to purchase or make payments on behalf of the State of Arizona using the P-Card. The P-Card is to be used solely for authorized purchases incurred or payments made for a valid public purpose while conducting State business.
4. The P-Card will be used for approved purchases or payments only. All purchases must be made in accordance with applicable laws and regulations, including, but not limited, to the Arizona Procurement Code, applicable State of Arizona Statutes, the Arizona Administrative Code, P-Card Policies and Procedures promulgated by the General Accounting Office (GAO) of the State of Arizona, and my agency's P-Card Policies and Procedures.
5. My failure to follow established procedures may result in disciplinary action against me, including suspension, termination of employment, and/or criminal prosecution.
6. I will not use the P-Card to purchase or pay for any travel expenses.
7. ATM cash advances and the purchase of traveler's checks and/or other negotiable instruments are prohibited.
8. I will not charge any personal purchases to this card for either myself or others.
9. P-Card privileges may be canceled or revoked at any time, without prior notice, for any reason by agency management, the State Procurement Office (SPO) or the GAO.
10. I will return the card immediately upon suspension and/or termination and/or other separation from State service (including retirement) and/or upon reassignment to another agency or cost center. I will return the card immediately upon request of my supervisor, agency management, the SPO or the GAO and I understand that disciplinary actions may apply for failure to do so.
11. I am responsible for complying with the agency P-Card policies, procedures and practices established by my agency, the SPO and the GAO.
12. If the P-Card is lost or stolen, I will immediately notify my Agency P-Card Administrator or the SPCC if my Agency P-Card Administrator is not available.

I have received, read and do understand and agree to comply with the State P-Card Policy and, as applicable, my agency's P-Card policy, procedures and practices and have received P-Card training. I hereby authorize the State to deduct from my payroll check (and from any other payments due me) an amount equal to the greater of my P-Card limit or the amount of any unauthorized purchases made on the P-Card issued to me and/or to withhold the amount of my P-Card limit if I fail to return the P-Card upon separation from State employment.

Employee Signature

Date

Employee Name

Purchasing Card (P-Card) Cardholder Application

Must complete both pages of this form. The completed and signed form must be scanned and emailed to AFIS.Operations@azdoa.gov.
The completed and signed original is to be retained at the agency.

Applicant Information (must use legal name)

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Email	Office Phone	EIN
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency Name	Unit	
<input type="text"/>	<input type="text"/>	

Business Billing Address

Address Line 1
<input type="text"/>
Address Line 2
<input type="text"/>
City
<input type="text"/>
State
<input type="text"/>
Zip Code
<input type="text"/>

Agency Authorization - Card Limits and Signatures

Credit Limit Amount	<input type="text"/>
	<input type="checkbox"/> The agency (if so authorized) has already opened this card.
Single Purchase Limit	<input type="text"/>

I have read the Cardholder Agreement on the reverse side of this form and agree, to the extent practicable, to enforce its terms and conditions with respect to the applicant.

Initial Approving Official's Signature (Required)	Date (Required)
<input type="text"/>	<input type="text"/>
Initial Approving Official's Name (Required)	Initial Approving Official's Title (Required)
<input type="text"/>	<input type="text"/>
Additional Approving Official's Signature	Date
<input type="text"/>	<input type="text"/>
Additional Approving Official's Name	Additional Approving Official's Title
<input type="text"/>	<input type="text"/>

GAO USE ONLY - Banking Information

Bank	Company
<input type="text"/>	<input type="text"/>
Agent	Managing Account Name
<input type="text"/>	<input type="text"/>